

<b>Case Number:</b>	CM13-0007933		
<b>Date Assigned:</b>	09/06/2013	<b>Date of Injury:</b>	08/19/2012
<b>Decision Date:</b>	01/02/2014	<b>UR Denial Date:</b>	07/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 08/19/2012. The primary treating diagnosis is carpal tunnel syndrome. This patient is a 27-year-old man who was injured in the course of his normal work activities without any specific traumatic etiology noted. The patient has noted left wrist pain but normal sensation and a negative Phalen's and Tinel's. An initial physician reviewer noted that it was mentioned in the medical notes that the patient had worsening symptoms despite conservative treatment, but there was no specific discussion of details of physical therapy. That review noted that there was no high-quality information available to support the use of combination stimulation units.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**The use of electrodes of eight pair per months rent for five months for the left wrist:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Practice Guidelines ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Therapy, Page(s): 114.

**Decision rationale:** The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Transcutaneous Therapy, page 114, states, "Electrotherapy

represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain." This guideline discusses multiple forms of transcutaneous therapy, including TENS, H-wave stimulation, interferential stimulation, neuromuscular electrostimulation, and others. The guidelines do not support the indication for the use of multimodal stimulation devices, and the medical records provided for review do not provide a rationale as to why such a multimodality unit may be indicated. Therefore, the request for the use of electrodes of eight pair per month rent for five months for the left wrist.

**The leadwires for the left wrist for purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Practice Guidelines ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Therapy, Page(s): 114.

**Decision rationale:** The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Transcutaneous Therapy, page 114, states, "Electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain." This guideline discusses multiple forms of transcutaneous therapy, including TENS, H-wave stimulation, interferential stimulation, neuromuscular electrostimulation, and others. The guidelines do not support the indication for the use of multimodal stimulation devices, and the medical records submitted for review do not provide a rationale as to why such a multimodality unit may be indicated. Therefore, the request for leadwires for the left wrist for purchase is not medically necessary.

**The use for Solace Multi Stimulation Unit for 5 month rental for the left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Practice Guidelines ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Therapy, Page(s): 114.

**Decision rationale:** The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Transcutaneous Therapy, page 114, states, "Electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain." This guideline discusses multiple forms of transcutaneous therapy, including TENS, H-wave stimulation, interferential stimulation, neuromuscular electrostimulation, and others. The guidelines do not support the indication for the use of multimodal stimulation devices, and the medical records do not provide a rationale as to why such a multimodality unit may be indicated. Therefore, the request for the use for Solace Multi Stimulation Unit for 5 month rental for the left wrist is not medically necessary and appropriate.